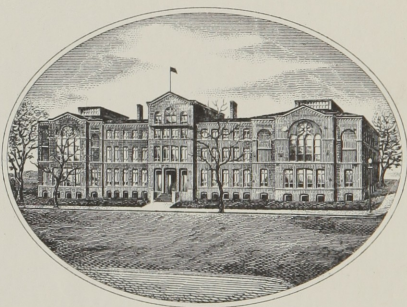


NATIONAL LIBRARY OF MEDICINE
Washington



Founded 1836

U. S. Department of Health, Education, and Welfare
Public Health Service

Presented him
A

DISSERTATION

ON THE

MIXED FEVER,

DELIVERED

JUNE 30, 1789.

AT

A PUBLIC EXAMINATION FOR THE DEGREE OF

BACHELOR IN MEDICINE,

BEFORE

The Rev. JOSEPH WILLARD, S.T.D.

PRESIDENT,

The MEDICAL PROFESSORS,

AND THE

GOVERNORS of the UNIVERSITY

AT CAMBRIDGE IN AMERICA.

By WILLIAM PEARSON. ✓

Phœbe fave, novus ingreditur tua templa sacerdos.

TIBULLE

T O

DR. MARSHALL SPRING,

In Testimony of whose Eminence in
his Profession and extensive Practice,

THIS DISSERTATION

is respectfully inscribed,

by his obliged and grateful

P U P I L,

William Pearson.

A
D I S S E R T A T I O N
O N T H E
M I X E D F E V E R.

UNDER a proper conviction of my inability to do justice to the subject assigned for the following Dissertation, I shall be careful to avoid obtruding any sentiments of my own upon this respectable auditory, except such as have arisen from facts which have fallen under my particular notice, or have been suggested by my own reflections upon the opinions of others—At the present early period of my medical pursuits, I presume, it will be more becoming to confine myself to a number of incontestible facts, than to enter into the wide field of theory and conjecture, upon a subject where ingenuity and invention should never be admitted to assume the place of truth and experience.

I propose therefore, in the following pages, **FIRST**, to assign the Disease, which I shall denominate a **MIXED FEVER**, it's place in the Nosology.—

NEXT, to exhibit a history of it as respects it's *Diagnosis*.

THEN, to produce *an example* of this disease with the method of treatment adopted in the course of it.

AND to close with a summary view of the general *indications of cure*.—

T H E R E

THERE is no disease so universal as Fever, whether we consider it in reference to the species, or to the individual. It attacks mankind pretty equally in every quarter of the globe, and every period from infancy to old age is liable to it. Fever does not attack one part, or one organ of the body, but every part: It affects the head, thorax, abdominal viscera, muscles, blood vessels, lungs, and indeed every part of the system.

IN the commencement of every art or science, men select only some of the most obvious distinctions: Thus in very ancient times when a man was seized with fever he was said to be taken with Πῦρ, fire, hence the name Πυρετός, a fever. At length when they observed that extraordinary heat did not always accompany fever, they added another distinction—viz, increased velocity of the blood; and these distinctions obtained till the time of Dr. Boerhaave. He taught, that fever was inseparably connected with inflammation, and to have a just notion of the cause of it, he thought it necessary to choose from the innumerable symptoms that occur in all the variety of fevers, some that are common to all; then from the consideration of these, the individual and specific nature of the fever is to be found out.—The quickness of the pulse was with Boerhaave the pathognomonic or inseparable sign of a fever.

DR. *Frederic Hoffman* improved upon the Pathology of *Boerhaave*, who supposed that diseases arose from alterations in the fluids merely, and taught that the greatest
part

part of diseases were affections of the nervous system, which produced a considerable alteration in the doctrine of fevers. Dr. Cullen improved upon the labours of *Hoffman*, and has published a system which is pretty generally received in countries where the English language is spoken. I shall therefore adopt his arrangement and distinctions in discussing the subject assigned me.

DR. Cullen takes a paroxysm of a regular intermittent as an example for all other fevers, as what is called *continued* fevers are only repeated paroxysms of intermittents so indistinctly marked as to be scarcely visible.

DR. Cullen divides all the diseases which afflict mankind into *four* classes. The first class he calls *Pyrexia*, and gives it this character,—a frequent pulse coming on after horror, considerable heat, many of the functions impaired, the strength of the limbs especially injured. Under this head are comprehended all inflammations, all eruptive diseases, all hæmorrhages, and profluvia which are naturally not bloody.

THE first order of this class is *Fevers in general*. A fever, he defines to be pyrexia without any primary local affection, following the languor, lassitude and other symptoms of debility. He divides this order into *six* genera, and distinguishes them into *intermittent* and *continued* fevers.

The fourth genus of the order of fevers he calls '*Synocha*', whose character is, great heat; a frequent, strong and hard

hard pulse ; high coloured urine ; functions of the sensorium a little disturbed. Practitioners commonly call this *inflammatory fever*. The fifth genus he calls *Typhus*, which he defines to be a contagious disease, the heat not greatly above the natural ; the pulse small, weak, and for the most part frequent ; the urine but little changed ; the functions of the sensorium very much disturbed, and the strength greatly diminished. This is commonly called the “*low nervous fever*.”

THE sixth genus Dr. Cullen calls “*Synochus*,” which he defines to be a contagious disease, and is a fever composed of the *synocha* and *typhus* ; in the beginning it is a *synocha*, but towards the end a *typhus*, and this is the genus we mean particularly to treat of. It is called by some authors * *Synochus non putris*.——It is agreeable to the Cullenian system to distinguish fevers into the *Inflammatory* and *Nervous* merely, or as they show either an inflammatory irritation, or a weaker reaction, yet we may say with him, that the most common form of continued fevers in this climate seems to be a combination of the two genera, and called *Synochus* ; Dr. Cullen says the limits between the *Synochus* and *Typhus* is distinguished with difficulty, but he rather thinks the former is only a variety of the latter. This mixed fever so common among us is described under various names by different authors ; some call it the *Bilious*, some the *Remitting*, and others the *Autumnal*. By Practitioners in New-England it has been called the low Nervous fever.

IT seldom attacks so briskly or suddenly as the inflammatory fever, but begins with a weariness, a frequent inclination to yawn, an irregular sensation of cold, approaching to chilliness, a confused pain in the head, nausea, thirst, and very often vomiting.——The pulse is not so strong and full as in the genuine inflammatory fever, the remissions are more evident, and permanent, and there is more moisture on the skin: On the other hand, the nausea, pain of the præcordia and anxiety are greater than in the inflammatory fever, and there is most commonly a bilious vomiting. The tongue has from the beginning a whitish moist covering, which as the fever advances becomes dry and of a brown colour, which may also distinguish it from the true inflammatory.

THE symptoms vary at different seasons and in different patients; sometimes they are irritated with inflammatory symptoms, sometimes they are depressed with the low nervous. *Vogel* says the characteristic marks of this fever are a redness of the face, a moisture of the skin, and a great and frequent pulse: This we may suppose to happen in patients where a *phlogistic diathesis* prevails; but when it happens in hypochondriacal patients, who have weak stomachs, the symptoms are different; for in such, according to *Baglivius*, the humours are more corrupted, the tongue grows black, the pulse small and the extremities cold, together with great anxiety. As this fever, from its being contagious, attacks every constitution, need we wonder that it appears so various

various in different people? Sometimes there is an unusual quantity of bile secreted, producing a particular train of symptoms which has induced some to call it the *bilious fever*, from an idea that the bile caused the fever, when in fact it is owing to the season or climate, which gives this variety to the disease; but forms no fundamental distinction. This tendency in the bile to flow in unusual quantities is observable in all warm climates, as well as in warm seasons; but it ought to be considered among the effects and not among the causes of this fever.

THAT different seasons produce these varieties in fevers we know from Dr. Grant, who says that every summer produces a disposition to the fevers which we call *putrid*, and that nature carries them off by the skin and the kidneys; that this disposition or constitution ends in the *dysenteric fever* of Sydenham, which naturally goes off partly by the skin and kidneys, but chiefly by the bowels; that about the time of the autumnal equinox, nature seems disposed to determine the morbid lentor chiefly towards the bowels, producing *Cholera Morbus*. These determinations of nature, says Dr. Grant, distinguish what is called the *bilious constitution* from the increased secretion of the bile, and the colour of the evacuations, though this increased secretion is the effect and not the cause of the disease. This constitution terminates in an *erysipelatous fever*, which differs in several particulars from the erysipelas of the spring; this is succeeded by the *glutinosa spontanea*,
which

which appears in the form of *peripneumonia notha* of Sydenham, and the *atra bilis* or *morbus hypochondriacus cum materia* of the antients: This generally continues till the frost sets in, and is then succeeded by the true *inflammatory constitution*, which continues, more or less, through the whole winter and part of the spring; but in the spring it is complicated with epidemics peculiar to that season, the *catarrhus fever*, *agues*, *fluxes*, *erysipelas* and *febris humoralis*, or *synochus non putris* of the ancients. This diathesis continues in some degree till near the summer solstice, when it gives place to the *synochus putris*.

THE mixed remittent fever or Synochus, appeared in the County of MIDDLESEX, but especially in the neighbourhood of Watertown, during the summer of the year 1788, nearly as Dr Moore describes it, excepting the tongue instead of being covered with a whitish mucus, for the most part resembled raw beef; and the putrid symptoms generally came on in three or four days after its appearance; during this erythematic discolouration of the tongue and fauces, and previous to the appearance of putrid symptoms, there existed an extraordinary irritability of the stomach and sometimes of the intestines which led us to conclude that the whole alimentary canal was similarly affected. In this state of the disease the use of wine produced an intolerable burning sensation.—The symptoms, in this fever, were greatly augmented towards evening, observing the quotidian period until

until the decline of the disease, and then the exacerbations were most considerable in the morning, yet after a short remission there was a slight renewal of the symptoms in the evening.——

IN a few instances there were appearances of a *Phlogistic Diathesis* which induced some Practitioners to bleed. In such, an inflammatory buff appeared, and yet if venesection was repeated the coagulable lymph had a greenish appearance from its tenuity, which with a broken texture of the crassamentum deterred us from advising its repetition. In some young persons, with strong fibres, and who were in plenitude of health previous to the infection, there was a dry and distressing cough, with a pain in the thorax, which was most commonly accompanied with a bleeding from the nose. As this hæmorrhage commonly reliev'd the delirium which sometimes attacked the patient by the third day, it was supposed that it was a salutary operation of nature, which ought to be imitated; but upon trial it was not found that venesection was adviseable. Nevertheless all who bled at the nose in the first stage of this fever recovered, as did those that had the catamenia, altho' they recovered slowly; but all who bled at the nose, or had any hæmorrhagic evacuation in the latter part of the disease, died.

MOST commonly putrid symptoms came on only about the fourteenth or fifteenth day. At this period there was

great

great prostration of strength, with *icteritious* appearances of the eyes and skin ; and if no diarrhoea attended, the abdomen was tense, and to appearance more inflated than when otherwise and the patient made bitter complaints whenever it was pressed upon. The tongue had now an aphthous covering, or was black and rough, as if scorched, unless where hemorrhage attended.

THE discharges at this period were frothy and mixed with blood, having the appearance of water in which raw flesh had been washed, and emitted a cadaverous smell.

IN some the putrid symptoms ran to such a length as to produce a disease which for malignity was not far short of the plague.

A. B. of Bedford, aged 30, of a strong athletic habit and sanguineous temperament, had never been sick until the summer of 1788. He was mowing in a very hot day in July, and when in a profuse sweat was thoroughly wet, by a copious shower of rain ; having got to his house, he laid down and slept some hours in his wet clothes, and when he awoke complained of stiffness of the joints and great languor, which was pretty soon followed by rigor. The next day he complained of severe headach and nausea, with universal soreness. In this state he took a cathartic and the following day was bled. On the 25th (the fourth from the seizure) his pain and
other

other symptoms were increased, and the venesection was repeated. On the 27th other advice was applied for, and he was found with a foul tongue, nausea and frequent discharges by stool, of dark coloured matter, with an universal tremor. He had taken fifteen grains of Ipecacuanha, without producing any vomiting; he now took thirty grains, but it excited only a cathartic affection, after which, some Emetic Tartar was thrown in, which in like manner operated only downward. At this period of the disease (viz. 10th) the patient was so sunk by these evacuations, that *Vibices* appeared on his legs and arms, together with a stupor, small weak pulse, tumefied abdomen, dark coloured very foetid stools, aphthæ on the tongue and fauces, and at length a hiccough.

In this stage of the disorder he took freely of bark and wine, with the saline draughts, Spt. Minder. clysters of chamomile, and also fixed air. The next day he appeared somewhat better, he had less stupor, the *Vibices* were brighter and the stools less frequent, his abdomen still much tumefied. The injections of fixed air were continued, together with the bark and the wine.

ABOUT the 14th day of the disease he seemed still better, his urine deposited a copious sediment, his pulse was however very weak, and the *Vibices* turned to dark gangrenous sloughs, they were dressed with tincture of myrrh, being very foetid, fomented with antiseptic herbs, and the parts were held over Sal. Absinthii and lemon juice

juice while effervescing—the stools were then less frequent and looked much better, but yet great deafness and considerable stupor remained. From this period he seemed to be on the recovery, and soon acquired strength sufficient to walk up stairs, the sloughy vibices now changed to the state of simple purulent ulcers, and had begun to cicatrise, when he exposed himself afresh to wet and cold, for there was no confining him to a proper room, which was more owing to the delirium never entirely leaving him, than to an obstinate disposition. He was now seized with rigor, his former putrid complaints immediately returned, together with bloody discharges by stool. At this time he was inadvertently purged, in consequence of which he sunk very much: The physician being again called, ordered him an Enema of white oak bark, the Peruvian bark in tincture and substance, with decoctum urticarum, claret wine, alum whey, with the infusion of malt for common drink—This course checked the bloody discharges, but his violent symptoms were not abated, his pulse was now very low and his body covered with Petechiæ, while nothing passed his bowels unless procured by an Enema: At length he coughed up a purulent matter and his whole body was almost covered with black petechiæ—He laid constantly on his back, and a sanious matter oozed thro' every part of his skin, while he expectorated pus mixed with blood until he died, which was on the 49th day from the first attack.

WHAT puzzles the young practitioner, and not unfrequently perplexes the old in this fever, is to know when the Antiphlogistic Regimen is necessary, and how far it may be carried? It is equally important to know at what period of the fever a different mode of treatment is necessary, and to what degree the tonic or cordial course of remedies may be carried.

AN Antiphlogistic regimen is found necessary in some degree, in all fevers at their beginning, particularly in the spring of the year; but then what we seem to gain in the beginning by evacuations, we lose in the end, even if the patient survives, for in all such their recovery is very slow.

THE general mode of treatment is,

1st, To diminish the *Diatheſis Phlogistica*, if it exists, and concurring circumstances render it allowable.

2d. To prevent the irritation arising from the morbid accumulation and stagnation of bile, and its consequent absorption, by seasonable evacuations.

3d. To avoid all unnecessary evacuations and obviate the effects of debility and the septic tendency by suitable tonics, applied as well to the cuticular as the alimentary surface.



